2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am⁸ Secretary of State **DOCUMENT # 706759** 1. Entity Name SEA RANCH VILLAS ASSOCIATION, INC. 05-04-2001 90138 011 ****61.25 Principal Place of Business Mailing Address PO BOX 7503 5400 N OCEAN BLVD FORT LAUDERDALE FL 33338 FT LAUDERDALE FLA 93308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1086296 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MELLGREN, MICHELE 5400 N OCEAN BLVD SUITE 32 #39 City Zip Code FT. LAUDERDALE FL 33308 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete NAME PORGES, BOB NAME STREET ADDRESS STREET ADDRESS 5400 NORTH OCEAN BLVD., #38 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Change ☐ Addition ח ☐ Delete TITLE FULKERSON, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 5400 N OCEAN BLVD., 47 CITY-ST-ZIP CITY ST-ZIP FORT LAUDERDALE FL 33308 TITLE Change ☐ Addition ☐ Delete ח TITLE NAME SCOTT, JACK NAME STREET ADDRESS STREET ADDRESS 5400 N. OCEAN BLVD., #41 CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME MELLGREN, LARRY NAME STREET ADDRESS STREET ADDRESS 5400 N. OCEAN BLVD. #32 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change Addition ☐ Delete TITLE TITLE NAMÉ BAKER, DENNIS NAME STREET ADDRESS STREET ADDRESS 5400 N. OCEAN BLVD. VILLA #42 CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL Delete ☐ Addition TITLE VPD Change TITLE NAME CORREIA, STEVE NAME TOMLIN, RICHARD STREET ADDRESS STREET ADDRESS 5400 N OCEAN BLVD SUITE 37 5400 N. OCEAN BLVD., CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL FT. LAUDERDALE, FL 33308

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with III other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>5/26/01</u>

954-561-8565

FILED